

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Campaign HQ		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2018	
Mailing Address 109 West Front St		Amount 5744.70	
City Brooklyn	State IN	Zip Code 52211	Transaction ID : SE.10243
Purpose of Expenditure GOTV Phone calls	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2018	
Name of Federal Candidate HAWLEY, JOSHUA DAVID, , ,		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought 207777.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Campaign HQ		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2018	
Mailing Address 109 West Front St		Amount 5744.70	
City Brooklyn	State IN	Zip Code 52211	Transaction ID : SE.10245
Purpose of Expenditure GOTV Phone calls	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2018	
Name of Federal Candidate MCCASKILL, CLAIRE, , ,		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought 213522.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	11489.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	11489.40

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
11 / 01 / 2018

Signature